A Policy Guide for Creating Community-Based Specialty Clinics

Support to become healthier

Faster access and a stronger link to family health care

The right care, at the right time, in the right place

Ministry of Health and Long-Term Care
December, 2013

LET'S MAKE HEALTHY CHANGE HAPPEN

Ontario

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Chapter 1

Introduction

Action Plan for Health Care

"There are routine procedures currently conducted in hospital that could be performed in the community at the same high quality standard (if not better) and at less cost. We will shift more procedures out of hospital and into non-profit community-based clinics if it will mean offering patients faster access to high-quality care at less cost. We will not compromise on quality, oversight or accountability."

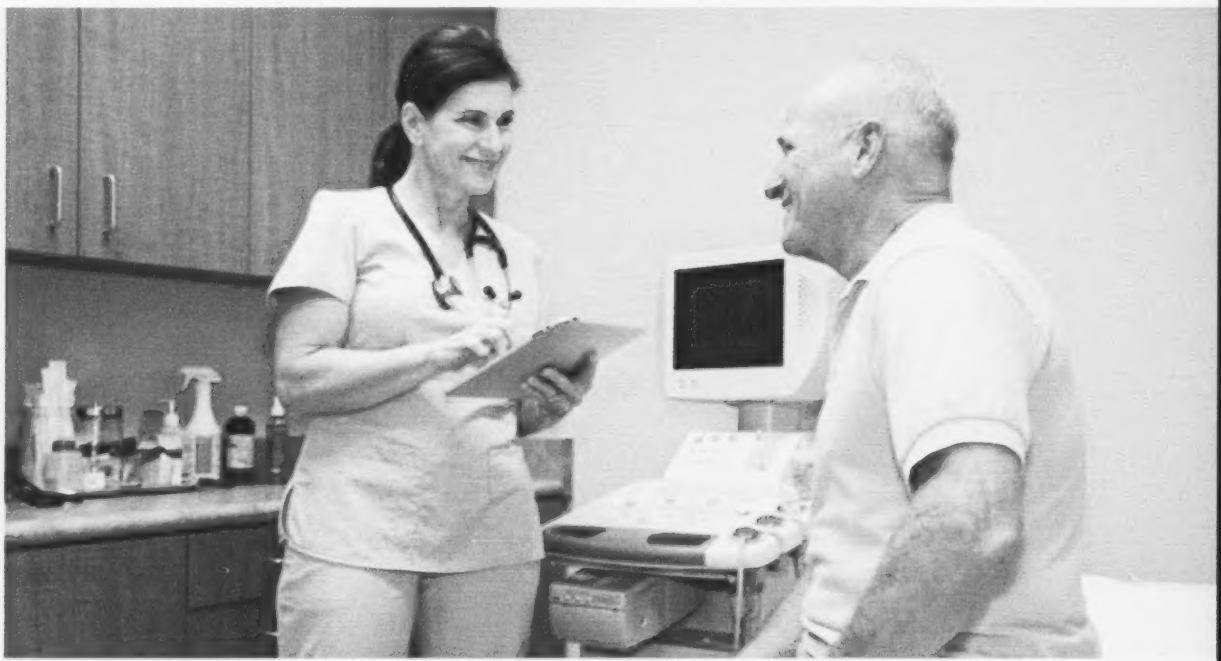
– Ontario's Action Plan for Health Care

Purpose of the Policy Guide

The purpose of this Policy Guide is to provide an overview of the Ministry of Health and Long-Term Care's (ministry) principles and eligibility criteria to establish non-profit Community-Based Specialty Clinics (specialty clinics). This guide is written for those interested in participating in the Community-Based Specialty Clinics Strategy, which will shift low-risk procedures and the funding associated with them from hospitals to specialty clinics.

This guide is being released to help health care providers and interested applicants prepare for a specialty clinic application process planned to begin in the winter of 2013/14. The initial application process will focus on low-risk cataract procedures. Over time, other low-risk procedures will be shifted out of hospitals and into specialty clinics. Shifts will be gradual and calls for applications may be targeted to specific communities or provider types. During 2013 and 2014, the ministry will continue to seek advice from clinical expert advisory groups on best practices for expanding specialty clinics to procedures such as dialysis, colonoscopies and endoscopies, outpatient minor orthopaedic procedures and diagnostic services.

For information not covered in this guide, or issues that require special consideration, please see Appendix A: Resources.



What is a Community-Based Specialty Clinic?

Community-based specialty clinics are non-profit health care providers that will offer select OHIP-insured, low-risk procedures that are currently provided in acute hospital settings. Specialty clinics will focus on providing high volume procedures, such as low-risk cataract procedures, colonoscopies, and other procedures that do not require overnight stays in a hospital. Specialty clinics will operate under existing legislation and quality assurance frameworks that ensure quality, oversight and accountability.

Community-based specialty clinic models fall into two categories:

1. A public hospital-based ambulatory care facility that operates under the *Public Hospitals Act, 1990 (PHA)*
2. A non-profit Independent Health Facility (IHF) licensed under the *Independent Health Facilities Act, 1990 (IHFA)*.

Why Community-Based Specialty Clinics?

In January 2012, the Ministry of Health and Long-Term Care released Ontario's Action Plan for Health Care (Action Plan). Non-profit specialty clinics are a key commitment of the Action Plan and part of Ontario's current health care system transformation, which aims to provide people of Ontario with:

1. Support to become healthier
2. Faster access and a stronger link to family health care
3. The right care, at the right time, in the right place

Non-profit specialty clinics will help patients receive timely access to the most appropriate care in the most appropriate place.

Shifting low-risk procedures into non-profit specialty clinics that focus on key low-risk procedures will improve patient access to high quality care at better value.

In February 2012, the Commission on the Reform of Ontario's Public Services' report (the Drummond Report) was released to the public. The Drummond Report called for policies that shift people away from in-patient, acute care settings to community care, where appropriate, and for using competition to fund procedures based on price and quality. Procedures performed in specialty clinics in community settings can be provided at a lower cost than in a hospital acute care setting. The strategy for developing specialty clinics will address recommendations in the Drummond Report by:

- reforming the manner in which procedures are delivered
- maintaining hospital capacity to provide inpatient and higher acuity procedures while allowing community-based health care providers to perform low-risk procedures currently provided in hospitals – a shift that will reduce the number of patients admitted to hospital when they may not need that level of care
- shifting procedures to more efficient health care providers while maintaining quality
- encouraging hospitals to specialize in some procedures to avoid duplication in the system and create efficiencies.

The work to identify more efficient ways to provide low-risk procedures has already started. For example, in 2013 and 2014, Ontario will open two midwife-led birth centres, which will give healthy women more choice in where they can receive prenatal, labour, birth, postpartum and newborn care.

Over the course of 2013 and 2014, the ministry will continue to shift procedures that are traditionally provided in acute care hospitals into specialty clinics, where appropriate, based on clinical evidence. Providing low-risk procedures in specialty clinics is one way to provide the people of Ontario with the right care, at the right time, in the right place.

How are We Proceeding?

The ministry understands that successful implementation of the Community-Based Specialty Clinics Strategy requires support and planning with local health care providers. The strategy relies on Local Health Integration Networks (LHINs) to plan health services in their geographic area and work with local health care providers to optimize service delivery for the benefit of patients.

The shift of procedures to a community-based specialty clinic will be gradual, based on the needs of the respective community, supported by the best clinical evidence and with endorsement from the local hospitals and LHINs. For example, shifting low-risk cataract procedures to specialty clinics has been supported by evidence from the Vision Care Task Force and health care sector engagement with the LHINs.

Key Principles

1. **Person-Centred Care.** Services and funding follow the person throughout the continuum of care, and delivery is focused on improving patient access and experience. Consistent with the *Commitment to the Future of Medicare Act, 2004*, patients cannot be charged user fees and/or facility fees for procedures that are medically necessary and insured under the Ontario Health Insurance Plan (OHIP).
2. **Quality and Safety.** Services use high quality standards of practice to ensure patient and staff safety and generate high quality outcomes. Quality outcomes are achieved through continuous improvement in the quality of care through the use of evidence-based best practices, clinical guidelines and pathways.
3. **Accountability.** All health care providers are accountable for the procedures that they provide and the use of public funding. Providers must offer patients fully funded health services, and must not require patients to purchase uninsured services in order to receive insured services. Accountability Agreements will be in place to ensure a clear understanding of each provider's roles and responsibilities.
4. **Price Reflects Value.** An appropriate level of funding, based on evidence, is provided for high quality procedures. Funding supports the objectives of Health System Funding Reform.
5. **Integration.** Performance and accountability frameworks support integration, including service continuity and the bundling of health care services across health care providers.

Protecting Patients from Unnecessary Charges

Under the *Commitment to the Future of Medicare Act (CFMA), 2004*, patients cannot be billed for any insured services provided by a specialty clinic or extra-billed for the insured service. Medically necessary services provided at specialty clinics are paid for by OHIP. The CFMA also prohibits charging patients for preferred access (queue-jumping) to insured services. The government intends to ensure that patients will not have to pay any optional fees to access services covered by OHIP.

The government will:

- Require applicants to describe in the specialty clinic application: how patients will be made aware of what insured services are available, any fees planned for uninsured services, how patients will be made aware that uninsured services are optional fees and are not required to access insured services.
- Require providers to post information about optional fees, including the ministry hotline for inquiries.
- Reinforce in specialty clinic agreements that the ministry may take action to terminate agreements if the provider requires patients to pay for uninsured services in order to receive insured services.

Chapter 2

Community-Based Specialty Clinic Models

General

Community-based specialty clinics are Independent Health Facilities (IHFs) or public hospital ambulatory care settings that serve low-risk patients and may focus on certain specialty procedures or treatments. Given the volume of procedures they provide and their use of technologies, the clinics often develop expertise in providing high quality procedures in a particular health procedure/treatment area with excellent patient outcomes.

These clinics are expected to comply with facility standards and continuously improve quality through the use of evidence-based best practices and clinical guidelines and pathways.

Currently, there are many types of procedures provided in community and hospital ambulatory care settings.

Which Models are Being Considered for Community-Based Specialty Clinics?

The ministry will consider various models for delivering specific procedures, with the goal of providing the best possible patient experience, quality, clinical efficiency and outcomes.

There are two types of service delivery models for specialty clinics:

1. Public Hospital Ambulatory Care Centres

Community-based specialty clinic settings could include public hospital outpatient clinics or hospital satellites.

Hospitals are making changes to improve patient access. Many hospitals operate ambulatory care facilities where low-risk patients who do not require overnight stay can be served quickly. A public hospital, governed by a non-profit hospital board under the *Public Hospitals Act, 1990 (PHA)* may provide procedures at a specialized ambulatory care facility. For example, Ottawa Hospital Riverside Campus is a standalone clinic outside the main hospital that provides cataract and other procedures.

Hospitals may create a specialty clinic environment on site or as a hospital satellite, subject to Section 4 approval[1] under the PHA.

Hospitals interested in participating in the Community-Based Specialty Clinics Strategy should work with their LHIN and need to meet requirements under the PHA.

2. Non-Profit Independent Health Facilities (IHFs)

Independent Health Facilities (IHFs) are community-based clinics that currently operate in many parts of Ontario and provide a range of services, including low-risk surgical procedures and diagnostics. IHFs are regulated under the *Independent Health Facilities Act, 1990 (IHFA)*. For example, Kensington Eye Institute is a non-profit IHF that provides cataract procedures.

Through an application process, non-profit organizations interested in providing community-based specialty clinic procedures under the Community-Based Specialty Clinics Strategy may apply to become ministry-licenced IHFs. Where a Call for Applications (CfA) is issued by the ministry, existing IHFs are welcome to apply but must be willing and able to convert to non-profit status to provide procedures through the Specialty Clinics Strategy.

IHFs are regulated under the IHFA. Under this Act:

- The ministry licenses IHFs through a formal application process.
- The ministry funds facility fees to provide insured diagnostic and surgical/treatment procedures.
- Only the ministry or an entity prescribed by regulation can pay a facility fee; it is illegal to charge patients facility fees to cover overhead costs.
- IHFs are required to participate in a quality assurance program to protect patient care.
- Certain corporations and services are exempt from the IHFA, including corporations that operate public hospitals and private hospitals and services that are provided by a chiropodist, dentist, optometrist, osteopath, physiotherapist or podiatrist.

[1] *Public Hospitals Act (PHA)* Section 4 Approvals Protocol addresses requests for approval to incorporate a hospital or amalgamate two or more hospitals, to operate an institution, building or premises as a hospital, to add additional building or facilities to a hospital and to lease or sell hospital property. Please see: www.e-laws.gov.on.ca.

Chapter 3

Roles of the Health Community

Several organizations play key roles in supporting the expansion of specialty clinics under the Action Plan, including:

1. Ministry of Health and Long-Term Care

The ministry, in conjunction with its LHIN partners, will provide oversight of the shift in procedures, including determining need, setting policies, ensuring quality-based frameworks for each model of delivery, evaluating proposals, licensing facilities, monitoring performance and developing funding formulas. The ministry will work closely with Cancer Care Ontario (CCO) on services that fall within CCO's mandate, such as colonoscopy procedures.

2. Local Health Integration Networks (LHINs)

Successful applicants for a community-based specialty clinic must have LHIN endorsement. Under the *Local Health System Integration Act, 2006*, LHINs are responsible for planning, integrating and funding health care services in their catchment area. Applicants interested in operating specialty clinics are required to consult with their LHINs and local hospitals to ensure that hospitals will be able to maintain medical coverage if clinical services and the professionals who provide those procedures move off site. Submitted applications must be congruent with the LHIN Integrated Health Service Plan (IHSP) and other capacity planning initiatives. LHINs maintain the right to set targets for the number of low-risk procedures (i.e., volumes) to be done in hospitals and specialty clinics and to shift funding to different sites based on volumes, subject to explicit criteria and principles to be developed by the ministry.

3. Public Hospitals

All specialty clinics must be formally aligned with a public hospital. Formal agreements will be required, and may cover issues such as access to/sharing of electronic patient records, emergency procedures and physician privileges. Hospitals should work with LHINs and the ministry to ensure that the right services are provided in the right setting. Certain community-based specialty clinic procedures may be expanded through hospital-governed facilities such as hospital satellites or ambulatory care facilities.

4. Cancer Care Ontario (CCO)

Some procedures moved to specialty clinics, such as colonoscopies, will be done in collaboration with CCO. The ministry will work with CCO to ensure that the establishment of specialty clinics is consistent with CCO's health system planning.

5. Independent Health Facilities (IHFs)

IHFs are one model of community-based specialty clinics. New non-profit IHFs may be licensed under the IHFA, including through a Call for Applications process. As well, existing IHFs may participate in the strategy by applying to expand the procedures on their IHF licence, as long as they are willing and able to convert to non-profit status to provide procedures through the specialty clinics initiative.

6. College of Physicians and Surgeons (CPSO)

The College of Physicians and Surgeons of Ontario will have the primary responsibility for carrying out quality assessments in IHFs, including the pre-licensing inspection and ongoing quality assessment. Care provided by physicians in specialty clinics will continue to reflect the current model and scope of medicine in Ontario and the regulatory framework for the practice of medicine under the *Regulated Health Professions Act, 1991*.

7. College of Nurses of Ontario (CNO)

The College of Nurses of Ontario, as the governing body for registered nurses (RNs), registered practical nurses (RPNs) and nurse practitioners (NPs) in Ontario, will continue to set practice standards and guidelines that apply to all nurses in the province. Care provided by nurses in specialty clinics will continue to reflect the current model and scope of nursing under the *Regulated Health Professions Act, 1991*.

Chapter 4

Funding Community-Based Specialty Clinics

Using a Patient-Based Funding Model

The Community-Based Specialty Clinics Strategy is intended to improve the patient experience, provide better value for money and support longer-term health system sustainability. Funding for volumes will be shifted to follow the patient.

Community-based specialty clinics will be funded based on Health System Funding Reform (HSFR), a more transparent, evidence-based model where funding is tied more directly to the quality care that is needed and will be provided. The ministry has adopted a multi-year implementation strategy to phase in this funding model which is a key component to delivering better quality care and maintaining the sustainability of Ontario's universal public health care system. HSFR includes identifying Quality-Based Procedures (QBPs), specific groupings of health services chosen based on their potential to drive better quality at an evidence-based price.

About Quality-Based Procedures (QBPs)

Health System Funding Reform (HSFR) is a key driver of system transformation. HSFR includes Quality-Based Procedures (QBPs), which are groups of services or procedures for patients who require similar care. QBPs will be reimbursed on a 'price X volume' basis using evidence-informed rates based on best practices and adjusted for patient complexity.

If health care providers determine that they are unable to deliver the volumes or quality of care required within the ministry-set QBP price, they may discuss alternative approaches with their LHIN (or with CCO for CCO-managed QBPs) to ensure that patients receive the necessary care and that access to care is maintained. In some instances, this may mean considering whether the service should be provided within an acute care hospital setting or whether high quality patient outcomes can be achieved outside of an acute care hospital, in specialty clinics.

The Role of Clinical Expert Advisory Groups

QBP implementation includes setting volume targets, identifying quality outcomes and setting prices for selected procedures. The process of determining QBP best practices and prices is based on evidence, available case costing data and clinical consensus. QBP prices are generated using evidence-based expert-informed methodologies.

The ministry has established **clinical expert advisory groups** to make recommendations on QBPs. As part of the process of identifying best-practice QBPs, the clinical expert advisory groups will recommend the most appropriate models to deliver different QBPs, which may include specialty clinics. The clinical expert advisory groups are also developing evaluation metrics and quality indicators, based on evidence-informed best practices. This work will ensure that Ontarians get the right care, at the right time and in the right place.

Using QBPs to Determine Clinic Funding

Community-based specialty clinic procedures will be funded based on QBPs developed through Health System Funding Reform. QBPs will be used to help set the price paid to a community-based specialty clinic for a given service or procedure.

Specialty clinics will be funded based on the QBP cost of the service, which will be outlined in the application guidelines.

Physicians working in specialty clinics will continue to bill OHIP for the professional fee component of insured services.

Chapter 5

Quality Assurance

Ensuring High Quality Standards

All specialty clinics will be expected to meet high quality assurance standards, as set out in legislation, ensuring procedures are high quality and provided safely.

Community-based specialty clinics, served by highly trained and experienced physicians and clinicians, have the potential to enhance the patient experience and improve patient satisfaction. Clinical outcomes will be monitored and measured through mandatory quality assessment.

There are a number of initiatives underway to improve the quality of procedures offered. For example, Cancer Care Ontario (CCO) and the College of Physicians and Surgeons of Ontario (CPSO) have recently launched a quality management partnership to develop and implement a comprehensive quality management program for colonoscopy procedures. This work to improve patient care by driving continuous quality improvement may be expanded to cover other procedures that may shift to specialty clinics in the future.

Quality Assurance in Hospital Ambulatory Care Centres

Under the *Excellent Care for All Act, 2011*, hospitals are required to have quality committees and publicly post quality improvement plans. Results are reported and monitored closely through oversight of hospital boards.

Quality Assurance in Independent Health Facilities (IHFs)

IHFs are licensed under the IHFA and are required to participate in a mandatory quality assurance program administered by the CPSO.

IHF applicants will need to participate in a pre-licensing inspection and ongoing quality assessments of the facility conducted by the CPSO.

Chapter 6

Application Requirements

The application process and criteria will vary based on the specialty clinic model (i.e., IHF or hospital ambulatory care facility). All applicants will be required to meet mandatory criteria specified in the application, which may include:

- Patient, community and provider support to shift procedures to a community-based specialty clinic setting in keeping with the goals and principles of the Ontario's Action Plan for Health Care
- A requirement for the facility to be legally constituted to do business in Ontario or permitted to do business in Ontario with proof of legal non-profit status
- Evidence of support from the local hospitals and LHINs and a willingness to enter into a contractual relationship with the ministry/CCO/LHIN as part of local health system planning and accountability for performance
- A formal relationship between the specialty clinic and a local hospital to address issues such as: the provision of emergency room coverage, physician privileges and service continuity
- Ability to provide procedures at the cost per case established for the procedure and published in the guidelines and application for that service
- Ability to demonstrate how the money will follow the patient to ensure funding does not result in overcapacity or unnecessary procedures (i.e., duplication)
- Demonstrated operational experience as well as the ability to provide the required clinical services and volumes, and meet accountability requirements as established by the CPSO, PHA and IHFA, as appropriate
- Commitment to equity including a plan to serve vulnerable communities by addressing the needs of specialized or hard-to-serve populations (e.g., Aboriginal peoples, people who are homeless)

- Ability to meet the timelines for establishing and operating the facility as set out in the guidelines and application form
- Evidence that physicians are professionally competent and in good standing and that other health professionals performing the procedures possess the required training and certification
- Compliance with all relevant legislation and regulations, including employment-related statutes and regulations
- A detailed staffing plan to ensure service continuity (e.g., impact on physicians, hospital staff, recruitment strategies, compensation plans, and the likelihood of a unionized/non-unionized environment) – if there is any impact on staff, all parties will be expected to comply with applicable legislation and regulations, including the *Public Sector Labour Relations Transitions Act, 1997*
- Description of any proposed university affiliation or plan to have medical trainees
- Ability to adhere to ministry, LHIN, and/or CCO (if applicable) performance management processes, including quality and volume requirements as well as transfer payment agreement objectives (i.e., audit verification)
- Ability to adhere to an agreed-upon performance improvement plan and/or adhere to clinical practice parameters and facility standards established by the CPSO as required under the IHFA, available for download through the following link: www.cpso.on.ca/policies/guidelines/default.aspx?id=1970
- Clinical, financial, patient access and other data/performance metrics as required
- Willingness to co-operate with applicable quality inspections required prior to final approval, which may include staff/physician training, infection prevention and control practices, and staff and patient safety guidelines
- Physical space complies with all applicable by-laws, building codes, laws and standards
- A capital plan to maintain equipment and the environment where services are performed.

Chapter 7

Applications Process

Application Process and Scope

The ministry will determine the procedure or suite of services to be provided in specialty clinics, including the most appropriate service delivery model, taking into consideration findings from clinical expert advisory groups and input from LHINs, CCO and other stakeholders. There will be a separate application process for each type of procedure/suite of services (e.g., cataract procedures). The ministry will provide detailed application information and guidelines for each application process.

Process Overview

Evaluation of Applications

For each procedure or suite of services, the ministry will establish evaluation criteria. In general, applications for specialty clinics will be evaluated based on their ability to achieve outcome measures in the following key areas:

Patient Care

- Improved patient access/experience
- Same or higher level of quality of care while operating under established best practices and clinical guidelines
- Focus on patient experience and satisfaction
- No charges to patients for OHIP-insured services

Improved Efficiency and Quality

- Quality plans to ensure the highest quality standards of practice and high quality outcomes, which may include a quality committee such as a professional advisory committee or Quality Advisory Committee (as required under the IHFA)
- Performance measurement metrics to ensure efficiency, access, patient experience and clinical effectiveness.

Systems Approach

- Agreement to be part of a system of co-ordinated access to services (i.e., continuum of care) at the LHIN or provincial level
- Formal relationship with hospitals to ensure continuity of patient service (e.g., emergency room coverage, continuity of services for complex patients).
- A staffing plan to ensure service continuity.

Access

- Accountability agreements and/or service contracts to ensure the provision of OHIP-insured services during core business hours
- Shorter wait time for patients to access treatments/procedures and services
- Where appropriate, increased hospital capacity to focus on more complex procedures or acute cases, thereby improving access to other hospital services
- Commitment to meet service volumes and other related outcomes such as wait time targets
- Sufficient volumes to maintain professional proficiency
- Risk assessment of the clinic's impact on local area health care providers including hospitals – with mitigation strategies where appropriate.

Value

- Ability to meet ministry set price
- Reduced downstream costs by enabling faster treatments and shorter wait times for medical procedures in the community
- More efficient, convenient delivery of service and less disruption of patients' lives
- Efficient use of existing capital/capital funding.

Other Criteria

- Proof of adequate financing to fund all expenses incurred in connection with the project, prior to entering into a funding agreement with the ministry or LHIN
- Demonstrated understanding of information sharing and research opportunities consistent with the ministry's Action Plan
- A proposed budget that is competitive, complete and provides the best value for public money.

Chapter 8

Next Steps

Community-based specialty clinics are a key component of Ontario's health system transformation. The purpose of this guide is to provide prospective community-based specialty clinic applicants with an overview of the principles and core requirements of Ontario's Community-Based Specialty Clinics Strategy.

In the winter of 2013/14, Ontario will launch an applications process to shift low-risk cataract procedures out of hospitals and into specialty clinics. Information concerning the applications will be made available on the Ministry of Health and Long-Term Care website at: www.ontario.ca/specialtyclinics.

We invite interested applicants to apply.

Thank you!

Appendices

Appendix A: Resources

For inquiries concerning the Community-Based Specialty Clinics Strategy, please contact:
Email: specialtyclinics@ontario.ca

Independent Health Facilities
49 Place d'Armes, 2nd Floor
Kingston, ON K7L 5J3
Phone: 613-548-6637
Website: www.health.gov.on.ca/en/public/programs/ihf/

Cancer Care Ontario
620 University Avenue
Toronto, ON M5G 2L7
Phone: 416-971-9800
Website: www.cancercare.on.ca/

College of Physicians and Surgeons (including Clinical Practice Parameters and Facility Standards and Out-of-Hospital Premises Inspection Program)
80 College Street
Toronto, ON M5G 2E2
Phone: 416-967-2600/1-800-268-7096
Website: www.cpso.on.ca

Ontario's Action Plan for Health Care
Website: www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf

How to Incorporate
Website: www.ontario.ca/business-and-economy/business-and-economy
Website: www.attorneygeneral.jus.gov.on.ca/english/family/pgt/nfpinc

Patient-Based Funding Overview, Ministry of Health and Long-Term Care
Website: www.health.gov.on.ca/en/pro/programs/ecfa/funding/hs_funding.aspx

Wait Times Strategy
Website: www.health.gov.on.ca/en/public/programs/waittimes

Commission on the Reform of Ontario's Public Services (Drummond Report)
Website: www.fin.gov.on.ca/en/reformcommission

OHIP Schedule of Benefits
Website: www.health.gov.on.ca/english/providers/program/ohip/sob/sob_mn.html

E-Laws
Website: www.e-laws.gov.on.ca

Legislation that may be applicable to this process includes:
The Health Insurance Act, 1990
The Independent Health Facilities Act, 1990
The Excellent Care for All Act, 2010
The Regulated Health Professions Statutory Amendment Act, 2009
The Health Information and Protection Act, 2004
Public Sector Labour Relations Transition Act, 1997
Public Hospitals Act, 1990

These and other legislation can be reviewed at the website above.

Appendix B

Abbreviations
CCO – Cancer Care Ontario
CfA – Call for Applications
CPSO – College of Physicians and Surgeons of Ontario
HSFR – Health System Funding Reform
IHF – Independent Health Facility
IHFA – Independent Health Facilities Act
LHIN – Local Health Integration Network
OHIP – Ontario Health Insurance Plan
PHA – Public Hospitals Act
QBP – Quality-Based Procedure

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